

Case Number:	CM13-0001502		
Date Assigned:	05/02/2014	Date of Injury:	02/10/2009
Decision Date:	06/10/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 27 year old male who was injured on 2/10/2009. The diagnoses listed are low back pain, knee pain and fibromyalgia. There are associated diagnoses of depression. A 2009 MRI of the lumbar spine showed degenerative disc disease and multilevel disc bulges. The patient completed physical therapy, epidural steroid injections in 2013 and lumbar laminectomy fusion surgery in 2012. ██████████ noted that the epidural injection provided only a 10% reduction in back pain for 2 days. On March 2013, the patient continued to complain of low back pain radiating to lower extremities with associated numbness and tingling. The medication listed are Celebrex and compound tramadol for pain. The patient gave a history of allergic reactions following treatments with Cymbalta, Lyrica, Neurontin and many antidepressants. A Utilization Review determination was rendered on 7/5/2013 recommending non certification of compound tramadol topical preparation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRAMADOL, COMPOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-113.

Decision rationale: The California MTUS addresses the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations can be utilized for the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. In this case, medical records indicate that the patient reported intolerable side effects from treatment with anticonvulsant and antidepressant medications. The MTUS guideline does not recommend the use of medications that have not been FDA approved for use in topical formulation. Tramadol is an analgesic that acts on opioid and non opioid receptors. The use of oral formulations of tramadol is associated with less addictive and sedative properties than pure opioid agonists. The efficacy of topical compound preparations of tramadol have not been established for this patient. Therefore, the request for Tramadol, compound is not medically necessary and appropriate.